



P.O. BOX 6052, Parsippany, New Jersey 07054-7052

Medco Health Solutions, Inc.

## EXPLANATION OF BENEFITS

Page 1 of 2

0-E-002328-001-01-03

TEST LAST FRANK B  
709 GREENWAY DRIVE  
LEXINGTON NC 27292

Member Number: XXXXXZZ1  
Group Number: STATE01  
Check Date/Check No.: 04/09/2010 - 5929870  
Benefit Starting Date: 01/01/2010  
Plan Provider: STATE OF SOUTH CAROLINA  
Carrier Number: 1405

This document contains information that may have been masked or deleted to protect your privacy of confidential data.

Date of Service	Rx Number	Amount Submitted	Amount Approved	Deductible Applied	Copay Applied	Adjusted Amount	Total Payable	Explanation Codes
FRANK								
03/02/2010	XXX1843	755.84	195.00	0.00	90.00	560.84	105.00	
COB TYPE: MAJOR MED ORIG RX AMT:			\$755.84	OTHER PLAN PAID:			\$650.84	
03/23/2010	XXX3016	4.00	4.00	0.00	9.00	0.00	3.92	
COB TYPE: RETAIL ORIG RX AMT:			\$4.00	OTHER PLAN PAID:				
03/23/2010	XXX3015	109.32	85.00	0.00	30.00	24.32	55.00	
COB TYPE: MAJOR MED ORIG RX AMT:			\$109.32	OTHER PLAN PAID:			\$54.32	
03/24/2010	XXX3372	30.68	19.00	0.00	9.00	11.68	10.00	
COB TYPE: MAJOR MED ORIG RX AMT:			\$30.68	OTHER PLAN PAID:			\$20.68	
PATIENT TOTAL		899.84	303.00	0.00	138.00	596.84	173.92	

Medco is a registered trademark of Medco Health Solutions, Inc.



PO BOX 6052, PARSIPPANY, NJ 07054-7052

JPMorgan Chase Bank, N.A.  
Syracuse, New York

5929870

50-937  
213

GROUP NO.	MEMBER NO.	DATE
STATE01	XXXX761	04/09/2010

AMOUNT
*****\$173.92
VOID AFTER 180 DAYS

PAY TO THE ORDER OF TEST\_LAST FRANK B

This benefit provided by STATE OF SOUTH CAROLINA

Authorized Signatures

5929870 021309379 601805062

### Definition of Terms

<b>DATE OF SERVICE</b>	Date the prescription was dispensed at your pharmacy.	<b>COPAYMENT APPLIED</b>	The portion of the approved amount for which you are responsible after the deduction has been satisfied.
<b>Rx NUMBER</b>	The number assigned by the dispensing pharmacy.	<b>ADJUSTED AMOUNT</b>	The difference between the submitted amount and the approved amount.
<b>AMOUNT SUBMITTED</b>	The amount you paid for your prescription.	<b>TOTAL PAYABLE</b>	Approved amount minus the Deductible, minus the Copayment.
<b>AMOUNT APPROVED</b>	The portion of the submitted amount which is covered by your plan.	<b>EXPLANATION CODES</b>	Refer to a full description of applicable Explanation Codes on form below the claim detail.
<b>DEDUCTIBLE APPLIED</b>	The amount of the approved charge applied to your plan deductible. Claim amounts are applied to your deductible in the order they are processed even though they may be listed by date of service on this form.		

If the claim does not appear on this statement, and was submitted at the same time, you will receive a letter of explanation under separate cover.



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0-E-002328-001-02-03

TEST\_LAST

FRANK

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### ACCOUNT SUMMARY:

PATIENT	CURRENT STATEMENT			YEAR TO DATE		
	DEDUCTIBLE APPLIED	CAP APPLIED	OUT-OF-POCKET APPLIED	DEDUCTIBLE REMAINING	CAP REMAINING	OUT-OF-POCKET REMAINING
FRANK	N/A	N/A	138.00	N/A	N/A	2362.00

'N/A' MEANS NOT APPLICABLE TO PLAN.

OUR RECORDS INDICATE THAT THE FOLLOWING PHARMACIES WERE USED:

WAL\*MART #10-1322

If you have prescription coverage questions, call Medco Health Member Services at 1-800-711-3450.



## APPEAL PROCEDURES

You may appeal the above benefit decision in writing within 180 days of the receipt of this notice to:

MEDCO HEALTH SOLUTIONS  
8111 ROYAL RIDGE PKWY  
IRVING TX 75063  
ATTN COVERAGE APPEALS

To initiate an appeal, please provide your name, member ID, physician name and phone number, the prescription drug for which benefit coverage has been denied and any additional information that may be relevant to your appeal. A decision regarding your request for benefit coverage will be sent to you and if applicable, your physician, in writing within 30 days of receipt of your written request for appeal.



